



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
Request for Local Criminal Record Check
Of Adoptive Parents**

To: Central Office, Adoption Services Unit, Slot S565
From: _____, Adoption Specialist
County: _____
Address: _____
Date: _____

FAMILY MEMBERS: (14 years old and older)

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
Last Name				
First Name				
Middle Name				
Maiden Name				
SSN				
Race				
Gender				
Date of Birth				

PREVIOUS ADDRESS: (current to 4 years)

Route / Street	City / Town	State	County

FAMILY AUTHORIZATION (14 years old and older)

My signature below, authorizes the Division of Children and Family Services to request a local criminal record check.

Signature Date

Signature Date

Signature Date

Signature Date

LOCAL LAW ENFORCEMENT AGENCY

The family identified above has applied to become foster parents through the Arkansas Division of Children and Family Services. A criminal record check is required for approval. Please complete a criminal records check on the individuals listed above. If a record is found, please indicate the city, county, state and year the complaint was filed on each person. If more room is needed, use the back of this form. On completion, please return the results to the above address.

RECORD FOUND ON:

RESULTS OF THE CHECK MADE BY:

Law Enforcement Representative Date

Municipal Court Clerk Date

INSTRUCTIONS (CFS-349a)

Purpose – Before a prospective adoptive parent can be approved, DCFS must ensure that the applicant does not have a criminal record. It is possible that some crimes handled by local law enforcement have not yet been reflected on the State Police criminal database. Therefore, it is necessary to request a **local** criminal record check as well as the State Police criminal record check. The CFS-349a provides a document on which the prospective adoptive parents can identify themselves and the local law enforcement agency can provide the results of the local criminal record check.

Completion –

Do the following:

1. After “**To:**”, it should read, “Central Office, Adoption Services Unit, Slot S565”.
2. After “**From:**” write the name of the Adoption Specialist who is requesting the local criminal record check.
3. After “**County**” write in the name of the county from which the request is coming.
4. After “**Date:**” insert the date that the request is completed.
5. Under “**Family Members**”, for every person in the home that is fourteen (14) years or older, write the full name, maiden name if appropriate, social security number, race, sex and date-of- birth (mm/dd/yyyy). **
6. Under “**Previous Address**”, write the complete address of every location where the family has lived over the past four (4) years. **
7. Under “**Family Authorization**”, each person in the home that is fourteen (14) years or older, must sign and date the bottom of the form. Each signature authorizes DCFS to request a local criminal record check. **
8. Under “**Local Law Enforcement Agency**” the results of the local criminal record check should be documented. The law enforcement agency representative and the municipal court clerk must sign and date the bottom of the form.

**** The Adoption Specialist should have the actual family members fill out the “Family Member”, “Previous Address” and “Family Authorization” sections.**

Routing –

1. The Adoption Specialist will give the form to the adoption applicants so they can fill out the “Family Member”, “Previous Address” and “Family Authorization” sections.
2. The adoption applicants will return the filled out form to the adoption specialist.
3. The adoption specialist will forward the form to Central Office, Adoption Services Unit.
4. The Central Office, Adoption Services Unit will forward the form to the local law enforcement agency.
5. The law enforcement agency will fill out their section and return the form to the Central Office, Adoption Services Unit.
6. The Central Office, Adoption Services Unit will forward the original form to the Adoption Specialist and retain a copy.



**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
Request for Local Criminal Record Check
Of Foster Parents**

To: _____, Local Law Enforcement Agency
From: _____, Family Service Worker
County: _____
Address: _____
Date: _____

FAMILY MEMBERS: (14 years old and older)

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
Last Name				
First Name				
Middle Name				
Maiden Name				
SSN				
Race				
Gender				
Date of Birth				

PREVIOUS ADDRESS: (current to 4 years)

Route / Street	City / Town	State	County

FAMILY AUTHORIZATION (14 years old and older)

My signature below, authorizes the Division of Children and Family Services to request a local criminal record check.

Signature Date

Signature Date

Signature Date

Signature Date

LOCAL LAW ENFORCEMENT AGENCY

The family identified above has applied to become foster parents through the Arkansas Division of Children and Family Services. A criminal record check is required for approval. Please complete a criminal records check on the individuals listed above. If a record is found, please indicate the city, county, state and year the complaint was filed on each person. If more room is needed, use the back of this form. On completion, please return the results to the above address.

RECORD FOUND ON:

RESULTS OF THE CHECK MADE BY:

Law Enforcement Representative Date

Municipal Court Clerk Date

INSTRUCTIONS

(CFS-349b)

Purpose – Before a prospective foster parent can be approved, DCFS must ensure that the applicant does not have a criminal record. It is possible that some crimes handled by local law enforcement have not yet been reflected on the State Police criminal database. Therefore, it is necessary to request a local criminal record check as well as the State Police criminal record check. The CFS-349b provides a document on which the prospective foster parents can identify themselves and the local law enforcement agency can provide the results of the local criminal record check.

Completion –

Do the following:

1. After “**To:**”, write in the name of the local law enforcement agency representative.
2. After “**From:**” write in the name of the Family Service Worker who is requesting the local criminal record check.
3. After “**County**” write in the name of the county from which the request is coming.
4. After “**Date:**” insert the date that the request is completed.
5. Under “**Family Members**”, for every person in the home that is fourteen (14) years or older, write the full name, maiden name if appropriate, social security number, race, sex and date-of- birth. **
6. Under “**Previous Address**”, write the complete address of every location where the family has lived over the past four (4) years. **
7. Under “**Family Authorization**”, each person in the home that is fourteen (14) years or older, must sign and date the bottom of the form. Each signature authorizes DCFS to request a local criminal record check. **
8. Under “**Local Law Enforcement Agency**” the results of the local criminal record check should be documented. The law enforcement agency representative and the municipal court clerk must sign and date the bottom of the form.

**** The Family Service Worker should have the actual family members fill out the “Family Member”, “Previous Address” and “Family Authorization” sections.**

Routing –

1. The Family Service Worker will give the form to the foster parent applicants so they can fill out the “Family Member”, “Previous Address” and “Family Authorization” sections.
2. The foster parent applicants will return the filled out form to the Family Service Worker.
3. The Family Service Worker will forward the form to the law enforcement agency.
4. The law enforcement agency will conduct the local criminal record check, fill out their section and sign the form.
5. The law enforcement agency will return the form to the Family Service Worker.

**FAMILY FOSTER HOME NEEDS ASSESSMENT
(BY COUNTY)**

INSTRUCTIONS

PURPOSE:

The Family Foster Home Needs Assessment is designed to assist with specific county recruitment efforts by identifying specific types of foster home resources that are needed. Information captured on the Assessment will serve to demonstrate the need for additional family foster homes in each county. The Assessment will be utilized in the development of the Foster Home Recruitment Plan.

COMPLETION:

The Area Manager is responsible for completing the Assessment, at least annually. The Area Manager will describe the most critical needs for additional family foster homes. The justification demonstrating additional resources will be based on the following elements:

- (1) The number of children currently in foster care.
- (2) The number of children in foster care on the last day of each quarter.
- (3) The type of foster homes currently open.
- (4) The type of children a foster home will accept.
- (5) The number of children placed outside of the county.

This information can be obtained from reports developed by the Quality Assurance (QA) Unit and your personal knowledge base. The information collected on the Assessment represents statewide and individual county foster home recruitment needs. (Additional resource needs in the county, such as emergency shelters, residential facilities, psychiatric facilities, therapeutic facilities, etc., should not be included in this Assessment.)

Feel free to be very specific about your county's needs and address your needs with your recruiter.

County: _____ Supervisor: _____ Date Completed: _____

4 homes that would accept black children of any gender, who are between the ages 12 to 15, who may be part of a sibling group of any number, who may have behavioral problems.
1 home that would accept a male child with no siblings of any race, any age who had sexually acted out.

Number of Homes				Any age				Any race				Any gender				Any number of siblings				Any special needs				Emergency Homes							
4	3	2	1	White	Black	Hispanic	Other	Male	Female	Any gender	Group of 2	Group of 3	Group of 4	Group of 5	Group of 6	Group of 7+	No siblings	Mental Retardation	Developmental Delays	Emotional Disturbance	Behavior Problems	Physical Disabilities	Medically Fragile	Sex Offender	Pregnant Teens	Teenage Mother w/Child	Substance Abuse Problems	HIV/AIDS	Any special needs	No special needs	
4	x				x					x						x				x											
1			x				x	x									x						x								

If you have any foster home needs that cannot be identified in the grid above, please describe the number and type of homes needs in narrative form below. Please be specific.

[illegible]

**Department of Human Services
Division of Children and Family Services
In Home Consultation Visit Report**

Date of Initial Contact: ____/____/____

Date of Home Visit: ____/____/____

TYPE OF CONSULTATION: FOSTER HOME ☐

ADOPTIVE HOME ☐

County: _____

Last Name: _____

Husband's First Name: _____ SSN: _____ - _____ - _____ Age: _____

Wife's First Name: _____ SSN: _____ - _____ - _____ Age: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Date of Marriage

Date of Divorce

(if applicable): ____/____/____ (if applicable): ____/____/____

Prospective foster families must be informed of the following foster home approval standards during the initial visit:

- 1) Two parent homes must be joint applicants and both must attend the Foster Pride/Adopt Pride pre-service training (30 hours) if selected into the program.
- 2) Age – Foster parent applicants must be age 21 or over. A "Second Party Review" is needed if both applicants are age 65 or over or when one or both spouses of currently opened family foster homes reaches age 65. Adoptive parent applicants must be age 21 to 55 years old.
- 3) Health - Physical examination for each member of the household, including TB skin tests for adults and copy of immunization record for children. (TB skin tests and immunization records for children do not apply to adoption applicants.) The Division of Children and Family Services will not pay for the physicals nor reimburse families for the cost of the physicals.
- 4) Family composition - two parent households, single parent household. No transient roomers or boarders should reside in a foster home. This does not apply to adoptive homes. However, transients/boarders in an adoptive home must have a medical exam, criminal record check, child maltreatment check, and must be assessed/interviewed.
- 5) Prospective family must provide copy of marriage license and/or divorce decree.
- 6) There will be no more than five (5) children in the foster home (including family foster parents' own children and any other children who normally reside in the home of the foster family). Exception may be provided for a "sibling group." There is no automatic limitation on the size of an adoptive family.
- 7) Religion - Foster parents shall respect the religious preference of foster children.
- 8) Education - The level of formal education shall be sufficient to allow the foster parent to participate in day-to-day activities of the child such as homework assignments, reading labels and administering proper dosage of medication if required, etc. There is no minimal education standard for adoptive parents.

- 9) Financial stability - Family must have sufficient income to meet the needs of the child without including the board payment. Keeping foster children is not a profitable venture.
- 10) Employment - Both parents may be employed outside of the home with certain provisions. It is recommended that at least one parent remain home with the child after the initial placement. Arrangements for a caretaker must be made ahead of time.
- 11) Criminal Record and Child Maltreatment Central Registry checks must be completed on both parents.
- If children are 10 years or older they must have a Central Registry check. A Criminal Record check is required for children age 14 or older.
- 12) Family should have some knowledge of child growth and development. That knowledge should be applied to the following: daily activities, clothing and personal belongings, discipline and control, health care, education, religious and ethnic heritage.
- 13) Foster parents must receive CPR and First Aid training. This does not apply to adoptive parents.
- 14) Do foster parents have valid Arkansas Driver Licenses? Foster parents must have safe driving records, submit to a check of their Traffic Vehicle Report (TVR) and agree to report any accident or traffic violation within (7) days of the incident. This does not apply to adoptive parents.

FAMILY COMPOSITION:

Two Parent Household ☐

Single Parent Household ☐

Are you or any adult members in the home homosexual? ☐ Yes ☐ No

(Minimum Licensing Standards for Child Welfare Agencies states "No person may serve as a foster parent if any adult member of that person's household is homosexual." The licensing standard on marriage prevents a same-sex couple in a two-parent household from adopting.)

HEALTH CONCERNS:

Does applicant(s) and/or members of household smoke? ☐ Yes ☐ No

If yes, list smokers name(s) _____

Will children have access to alcoholic beverages/liquor in the home? ☐ Yes ☐ No

NAMES AND AGES OF ALL CHILDREN THAT RESIDE IN THE HOME:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Are there transient roomers or boarders residing in the home? ☐ Yes ☐ No

LIST NAMES OF PEOPLE LIVING IN THE HOME:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Use other side if more space is needed.

What are the sleeping arrangements?

What is the (prospective) foster parent's daily routine if he/she is a homemaker and is at home? _____

If the (prospective) foster parent works outside of the home, what are the childcare plans?

PHYSICAL STANDARDS OF THE HOME:

Is the (prospective) foster home accessible throughout the year? ☐ Yes ☐ No

THE NEIGHBORHOOD/COMMUNITY IN WHICH THE FAMILY FOSTER HOME OR ADOPTIVE HOME IS LOCATED IS ONE WHICH:

1. Is accessible? ☐ Yes ☐ No
2. Will provide a healthy environment? ☐ Yes ☐ No
3. Is free from health and safety hazards, and threats from persons in and about the neighborhood community? ☐ Yes ☐ No

Does the (prospective) foster or adoptive family own or rent the home?

☐ Own

☐ Rent (*If renting, they will need permission from the landlord.*)

4. Is there adequate space for privacy, play, and study for all family members? ☐ Yes ☐ No
5. Is there sufficient seating for the family to eat together? ☐ Yes ☐ No
6. Will the foster or adoptive child(ren) sleep in a bedroom, not in a living or dining room where others are passing through? ☐ Yes ☐ No
7. Will each foster or adoptive child have his/her own bed or share a double bed with only one other child of the same sex? ☐ Yes ☐ No
8. Will children of different sexes over age four share a bedroom? In adoption, children of opposite sex, older than 1 year must have a separate bedroom. ☐ Yes ☐ No
9. Foster children will share a room with an adult only when sick or temporarily in need of constant supervision? ☐ Yes ☐ No
10. Will there be at least 50 square feet of space per foster child in his/her bedroom? This does not apply to adoptive children. ☐ Yes ☐ No
11. Will the number of foster children placed in the (prospective) foster home be limited by the number of persons who can satisfactorily live within the physical limits of the home? ☐ Yes ☐ No
12. Will individual space be provided for each foster child's personal possessions? ☐ Yes ☐ No

GENERAL SAFETY STANDARDS OF THE HOME:

1. Is water supplied by any other source than an approved city water department? ☐ Yes ☐ No
Does not apply to adoptive homes.
2. If Yes, what is the water source? ☐ Yes ☐ No

—

- | | | |
|---|------------------------------|-----------------------------|
| 3. Does the home have adequate light, heat, ventilation, and plumbing for safe and comfortable living? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the home have a minimum of one flush toilet, one washbasin with running water, and one bath or shower with hot and cold water? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, guns, or similar dangerous objects locked up? Does not apply to adoptive homes except for guns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are guns unloaded, locked, and stored separately from ammunition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Will small children have access to play areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Is there a fence or barrier to prevent a child's access to a busy street or highway, body of water, swimming pool or dangerous area? Does not apply to adoptive homes, but must evaluate any water hazard. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. If prospective foster home is a mobile home, does it have at least two exits, properly installed and stabilized? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. If the mobile home is located in a trailer park, is there sufficient fenced play space for children outside? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does the home have a working telephone? (Emergency phone numbers such as (911) fire, ambulance, and responsible adult to contact in an emergency must be posted near each telephone.) Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FIRE SAFETY:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are heating devices such as radiators, fireplaces, wood stoves, gas or electric heaters, and steam and hot water pipes that are within reach of children screened or otherwise protected? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the home have a safe sewage disposal system? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is all garbage and other wastes kept in a suitable covered receptacle and disposed of in such a way as not to constitute a health hazard or nuisance? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the home contain at least one approved fire extinguisher, readily accessible and in working condition? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a chemical fire extinguisher in the cooking area? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are there smoke detectors or fire alarms within ten feet of each bedroom, maintained and in good working order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are there obvious hazards, such as dangerous or defective heating equipment, flammable material, defective electrical appliances or electrical cords, etc. extension cords, etc. (They must be eliminated or corrected.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | |
|--|------------------------------|-----------------------------|
| 8. Are exterior doors blocked to prevent easy exit? Are interior doors or halls blocked or cluttered to prevent easy passage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does the family have a plan for evacuating the house in the event of fire and a plan for seeking shelter during a storm or tornado? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Is the escape plan posted or will be posted within the home? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. If the family is approved as a family foster home, have they been informed that quarterly fire drills must be done and documented? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does the family have a plan for evacuating the house in the event of a fire, storm, and /or shelter during a tornado? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Is the yard free of dangerous debris, trash, uncovered cisterns, etc.? Does not apply to adoptive homes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[illegible]

PLEASE SUMMARIZE INTO NARRATIVE: (Use additional sheets of paper as necessary)

I. Physical Standards of the Home

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

II. General Safety Standards of the Home

[illegible]

III. Fire Safety

[illegible]

The Evaluator approves applicant to attend training?

☐ Yes

☐ No

If no, reason(s) applicant was not approved

<u>Criminal Record Check Form (CFS-342A)</u>	<u>Central Registry Check Form (CFS-316)</u>	<u>Vehicle Safety Program VSP-1 and VSP-2</u>	<u>Local Criminal Check Form (CFS-349b)</u>
Completed by family: Date: _____/_____/_____	Completed by family: Date: _____/_____/_____	Completed by family: Date: _____/_____/_____	Completed by the family: Date: _____/_____/_____
Submitted for check: Date: _____/_____/_____	Submitted for check: Date: _____/_____/_____	Submitted for check: Date: _____/_____/_____	Submitted for check: Date: _____/_____/_____

Does the home meet standards?

☐ Yes

☐ No

If No, list the standards not met:

Standards Not Met	Planned date of Achievement	Person(s) Responsible
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

Foster Home Evaluator signature

Applicant's signature

County Supervisor's Recommendation for Applicant to Attend Training: _____ Approved _____ Disapproved

County Supervisor Signature: _____ Date: _____

Date Submitted to Mid South by Evaluator: _____

In-Home Consultation Visit Report (CFS-446)

PURPOSE – The In-Home Consultation Visit Report is designed to capture information that will allow the Foster Home Evaluator to determine if a prospective foster parent applicant meets minimum requirements for approval as a foster parent.

COMPLETION --- The Foster Home Evaluator will hold the In-Home Consultation within ten (10) working days after initial contact is made with a prospective family and use this form as a guide in completing the consultation. The CFS-446 must be completed and approved by the County Supervisor before a prospective family can attend Pre-Service training.

Additionally, the Foster Home Evaluator will:

- Discuss the standards for approval of foster parents as outlined in PUB-22.
- Advise the prospective foster parent of his right to voluntarily withdraw his consideration to be a foster parent.
- Inform the prospective foster parent of the possibility that he may not be approved to become a foster parent if he does not meet minimum qualifications.
- Discuss training requirements including completion of CPR and First Aid Training prior to approval; and inform the foster parent of his responsibility to obtain the CPR and First Aid Training prior to approval.
- Obtain the signature of the prospective foster parent on the In-Home Consultation Visit Report (CFS-446) upon receipt of the results of the Arkansas State Vehicle Safety Program check.
- Within 30 days of initial contact with the prospective foster parent, submit the completed (CFS-446) to the DCFS County Supervisor, with one of the following recommendations:
 - Invite the applicant to attend Pre-Service Training, or
 - Do not invite the applicant to Pre-Service Training and provide an explanation, i.e., the applicant fails to meet standards.

ROUTING - Provide a copy of the completed CFS-446 to the County Supervisor

A copy to the prospective family

A copy to Mid South

A copy filed in the family's case record, if approved.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
FOSTER PARENT/ADOPTIVE PARENT RECRUITMENT LOG**

Family's Name	Date of the Initial Contact by DCFS Staff (within 3 working days after the referral of the inquiry)	Date Initial In-Home Consultation Report Completed and Submitted (within 30 calendar days of the initial contact)			Date Supervisor Entered Approval in the Inquiry Screen and Sent Consultation Report to the Academy by Mail or Fax (within 5 working days of submission)	Date CPR / First Aid Training Completed (Required for foster parents only)	Training Dates		Completion Status Dates (FOR ADOPTION – within 60 days of the final home visit) (FOR FOSTER CARE – within 30 days of the Home Study)		
		Criminal	Central Reg.	MVR			Started	Completed	Approval Letter Sent	Denial Letter Sent	Non-completion

NOTE: If a family does not complete any step of this process, please explain here - _____

Adoption Specialist or County Supervisor/Designee _____ Date _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
FOSTER PARENT/ADOPTIVE PARENT RECRUITMENT LOG**

INSTRUCTIONS

PURPOSE

This form will only be used when the Internet/Intranet Inquiry system is down. The purpose of this form is to document the date of each step in the evaluation and development of each application to become a foster parent(s) or adoptive parent(s). The information collected on this form can be considered follow-up to the use and completion of the Foster/Adoption Inquiry form (CFS-413). This form also serves as a monitoring tool to track the timeliness of each step.

COMPLETION

The Adoption Specialist or County Supervisor/designee should fill out this form. Once this form is full, it should be signed and dated by the person who has completed it. The following information will be collected:

Column 1 – Fill in the name of the person who inquired about becoming a foster parent or adoptive parent;

Column 2 – Insert the date that the Recruiter was first in contact with the person who inquired;

Column 3 – Insert the date that each check was completed before the Initial In-Home Consultation Report was completed and submitted;

Column 4 – Insert the date the Supervisor approved the In-Home Consultation Report and submitted it to the Academy;

Column 5 – Insert the date that the person who inquired completed CPR / First Aid Training (foster parents only);

Column 6 – Insert both the date that training “started” and the date it was “completed”;

Column 7 – Insert the date that the “approval letter” was sent, the “denial letter” was sent or the family was declared “non-completion” (time frames vary for “Adoption” and for “Foster Care”).

ROUTING

When the form has been filled out, the original will be maintained at the county-level. An information copy will be forwarded to the appropriate Area Manager for review.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children & Family Services

ARKANSAS STATE VEHICLE SAFETY PROGRAM
Additional Requirements for DCFS Drivers

**ACCEPTANCE OF THE PRIVILEGE TO OPERATE A STATE VEHICLE OR A
PRIVATE VEHICLE ON STATE BUSINESS AND CLAIM MILEAGE REIMBURSEMENT**

I have read, understand and accept all of the responsibilities placed upon me while operating a state vehicle or a private vehicle on state business and claiming mileage reimbursement.

I fully understand that : **[READ AND INITIAL ALL FOUR ITEMS]**

_____ I may not waive mileage reimbursement while driving on state business in order to perform my job functions unless a signed waiver of the requirements is obtained from DHS. Procedures for requesting a signed waiver can be obtained from the DCFS Driver Safety program Manager in the DCFS Office of the Financial and Administrative Support Unit.

_____ DCFS will not accept any type of restricted driver's license resulting from traffic violations as a valid driver's license for operating a state vehicle or operating a private vehicle on state business, transporting children or claiming mileage reimbursement. DCFS will not furnish a driver to transport me while driving on state business.

_____ If, as a result of my driving record, I am unable to perform my DCFS driving duties, I may have this driving privilege revoked or my employment application rejected or employment terminated.

_____ Any action that involves child safety such as DUI (driving under the influence) or driving without proper safety restraints, will automatically result in a review by the DCFS Director and can be considered as grounds for exclusion, suspension or dismissal of driving privileges regardless of the driver's total number of driving violation points.

DCFS Employee / Affiliate **(PRINT THE NAME)**

Date

DCFS Employee / Affiliate **(SIGNATURE)**

Date

CERTIFICATION STATEMENT

As the Hiring Official/Supervisor of the above named person affiliated with DCFS, I have:

Reviewed this form and certify that the above named person has initialed all four (4) items indicating that person understands these additional requirements of the Arkansas State Vehicle Safety Program and has signed and dated the form above.

DCFS Hiring Official/Supervisor/Program Manager
PRINT THE NAME

DCFS Hiring Official/Supervisor /Program Manager Date
SIGNATURE

INSTRUCTIONS FOR THE CFS-593

The CFS-593 is used to certify that all persons associated with DCFS have read and understand the additional requirements for their mandatory participation in the Arkansas State Vehicle Safety Program. DCFS job applicants will complete this form prior to being selected for a position within the Division. Current DCFS employees of DCFS will complete this form at the time of their annual evaluation. Others associated with DCFS will complete this form while completing the paperwork that defines their formal relationship with DCFS.

Completion

1. All persons affiliated with DCFS must read and initial all four items of information.
2. All persons affiliated with DCFS must print their name, sign and date the form
3. Each person's hiring official, supervisor must check one of the two statements identifying who they are, print their name AND sign and date the "Certification Statement".

Routing

4. The DCFS Hiring Official/Supervisor will provide one (1) copy on each applicant to the following:
 - a. DCFS Personnel Unit
5. The DCFS Supervisor/Program Manager will provide one (1) copy on each stipend student, volunteer/other to the following:
 - a. DCFS Vehicle Safety Program Manager, Slot S561, or Fax (501) 682-8666
 - b. The person who has filled out the form.